

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Alfida</i>		<i>6/1/01</i>
O.I.P.E. CLASSIFIER	<i>32</i>		<i>6/1/01</i>
FORMALITY REVIEW	<i>MTB</i>	<i>1021</i>	<i>6/8/01</i>
RESPONSE FORMALITY REVIEW		<i>324</i>	<i>11/20/01</i>

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	15/1/02	
2	✓	10/3/02	
3	✓	10/3/02	
4	✓	10/3/02	
5	✓	10/3/02	
6	✓	10/3/02	
7	✓	10/3/02	
8	✓	10/3/02	
9	✓	10/3/02	
10	✓	10/3/02	
11	✓	10/3/02	
12	✓	10/3/02	
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47	✓	10/3/02	
48	✓	10/3/02	
49	✓	10/3/02	
50	✓	10/3/02	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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